

**FEE TRANSMITTAL**

Electronic Version v09

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>  | Device and Method to Simultaneously Detect Different Antibodies and Antigens in Clinical Alimentary and Environmental Samples |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|--|---|-----------------|--|--|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|---------------------------|--|------|-----|-----|--|--|--|--|--|
| Application Number :   |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Date :   |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| First Named Applicant:   | Alessandra Mazzeo   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Attorney Docket Number:  | 1673.01   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 545</b>   |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.  |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Filing as small entity   |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>BASIC FILING FEE</b>  |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>395</td><td>395</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 395</td></tr></tbody></table>   |   | Fee Description | Fee Code                               | Amount \$                              | Fee Paid \$ | Utility Filing Fee | 2001              | 395 | 395  |   |   |                        | Subtotal For Basic Filing Fees: \$ 395 |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Fee Description  | Fee Code  | Amount \$       | Fee Paid \$                            |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Utility Filing Fee   | 2001  | 395             | 395                                    |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|  |   |                 | Subtotal For Basic Filing Fees: \$ 395 |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>EXTRA CLAIM FEES</b>  |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 11</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>44</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>150</td><td>150</td></tr><tr><td colspan="4"></td><td>Subtotal For Extra Claims Fees: \$ 150</td></tr></tbody></table> |   | Fee Description | Extra Claim                            | Fee Code                               | Amount \$   | Fee Paid \$        | Total Claims : 11 | 0   | 2202 | 9 | 0 | Independent Claims : 2 | 0                                      | 2201 | 44 | 0 | Multiple Dependent Claims |  | 2203 | 150 | 150 |  |  |  |  | Subtotal For Extra Claims Fees: \$ 150 |
| Fee Description  | Extra Claim   | Fee Code        | Amount \$                              | Fee Paid \$                            |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Total Claims : 11  | 0   | 2202            | 9                                      | 0                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Independent Claims : 2   | 0   | 2201            | 44                                     | 0                                      |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Multiple Dependent Claims  |   | 2203            | 150                                    | 150                                    |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|  |   |                 |  | Subtotal For Extra Claims Fees: \$ 150 |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>  |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Credit account number:   | 3008  |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Expiration Date (YYYYMMDD):  | 2008-05-31  |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Authorized name:   | Anton J. Hopen  |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Billing address:   | 33760   |                 |  |  |             |                    |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |

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10/12/2004 EFSPROD 00000004 10711847  
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Refund Ref: 0030018481  
11/08/2004

Credit Card Refund Total: \$150.00

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